



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

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1. Application Date July 30, 1975		INSTRUCTIONS See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received JUL 31 1975 Application No. 75-177 Date Completed AUG 17 1975	
2. Agency Application No. DHR/DPH - 45		3. Agency, Division, Subdivision & Administering Office Address Georgia Department of Human Resources Division of Physical Health - Child Health Unit 47 Trinity Avenue, S. W. - Room 213-H Atlanta, Georgia 30334		4. Person to Contact Mrs. Pat Melson	
5. Working Title Clerk II		6. Tel. No. 656-4722			
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series 1970 to date		9. Exact Series Title CHILD HEALTH SERVICE REPORT FILES			
10. What is the function of the office in which this record series is created? The Division of Physical Health is responsible for the administration, direction, and coordination of the physical health programs throughout the State. This is accomplished by the establishment of health standards for business, housing, field operations, and hospitals; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the supervision of construction and licensure of health facilities; and the daily State-wide program of registration, statistical coding, certification and preservation of the births, marriages, divorces and annulments of marriage, and deaths that occur each year in the State. The Child Health Unit has the responsibility to improve and promote health care for all children in Georgia by increasing services to them through development of the capabilities of local and district health departments, as well as other agencies which provide preventive and maintenance health services for children and their families.					
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). Documents relating to reporting (to the Child Health Unit from each county of the State) health services to children. Included is form DPH/HIS(2)-10 (Rev. 7-71) "Child Health Services Report" which gives health care information by age as to: children seen for first time; children seen for first time during a particular year; number of home visits; number of children served in homes for first time during a particular year; medical examinations; complete and partial nursing appraisals; hemoglobin counts; iron medication given; and referrals. Also included is the annual report which is a summary of the monthly reports received from counties each month. The file is arranged alphabetically by county. ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers	1	1.5	1/2 3/4		
Legal-size File Drawers			Floor Space Occupied (Square Feet)		
			8		
			AVERAGE DAILY REFERENCES		
			occasional reference to form - needed for annual report to HEW		

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain.

- | | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency? each county has copy of report submitted to CHU. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published? Attach copy of summary or publication. Annual summary report to HEW | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 1 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

Needed to complete annual summary report to H.E.W.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☒ FISCAL YEAR - ☐ OTHER _____, then:

- ☒ Hold in the current files area _____ month(s)/ 1 year(s):
☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold _____ year(s):
☐ Destroy.
☒ Transfer to State Archives for permanent retention.
☐ Destroy immediately after cut-off.
☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Elizabeth A. Clark</i>	<i>7/31/75</i>		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Leeann Warrick, MD</i>	<i>7-31-75</i>
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Lujan</i>	<i>8-15-75</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Teart</i>	<i>8-13-75</i>
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Robert J. Bell</i>	<i>8-15-75</i>

STATE RECORDS
COMMITTEE